U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only		
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

(2 1)			
1 File Number U 9433	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name William C Macchione	Name The Association of Wall Ceiling & Carpentry Labor Organization File Number 541 683		
PO Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 112 Grove Road	Street 125 Jericho Turnpike		
City Kings Park	City Jericho		
State New York ZIP Code + 4 11754	State New York ZIP Code + 4 11753		
5 Position in labor organization Training/ Director/Trustee Carpenters	Gocal 7		

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or income
Name	
Trade Name If any	
PO Box Bldg Room No If any	
	7 b Amount
Street	
City	
State ZIP Code + 4	

Signature

15 Signature and vernication The one	ersigned declares, unde	r penalty of Perjury and other	er applicable penalties of the law	that all of the information
submitted in this report (including the info	rmation contained in any	accompanying documents)	has been examined by the signa	itory and is to the best of the
undersigned's knowledge and belief true	correct and complete	(See the section on penaltic	es in the instructions)	•
	Α.			

Signed	Willi	Maci	how)
	V		t

On 08/12/2005

631-952-9555

Date

Telephone Number

Name of Person Filing William Macchione	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name The Association of Wall-Ceiling & Carpentry Trade Name if any PO Box Bidg Room No if any Street 125 Jericho Turnpike City Jericho State New York ZiP Code + 4 11753 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any PO Box Bidg Room No if any Street City State ZiP Code + 4	9 Business deals with			
	12 b Amount	\$125		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			